2006 FOR PROFIT CORPORATION ANNUAL REPORT

02-03-2006 90008 009 ***150.00 DOCUMENT # P95000035988 07-19-2006 90004 018 ***150.00 E.M. ADAMS, INC. Mailing Address Principal Place of Business 7496 COMMERCIAL CIRCLE 7496 COMMERCIAL CIRCLE 66022936 FORT PIERCE, FL 34951 FORT PIERCE, FL 34951 07052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-2268355 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NAVARETTA, STEPHEN ESQ. DO NOT WRITE 1100 S.W. ST. LUCIE WEST BLVD. **SUITE 203** IN THIS SPACE PORT ST. LUCIE, FL 34986 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squaure, typed or printed name of registered agent and tips if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOWILL FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS THILE DONAHUE, RICHARD K NAME 7496 COMMERCIEL CIRCLE STREET ADDRESS CITY-ST-ZIP FORT PIERCE, FL 34951 DONAHUE, RICHARD N 7496 COMMERCIEL CIRCLE STREET ADDRESS C11Y-\$1-21P FORT PIERCE, FL 34951 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP DILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS CITY - S1 - ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the chapter 607 in a state of the chapt 8-8-06 SIGNATURE: SIGNATURE AND TYPED OR PROFED HAME OF SIGNING OFFICER OR DIRECTOR

FILED

Aug 11, 2006 8:00 am Secretary of State